

# TOTAL WAREHOUSE

## Sit Down Electric Forklift Daily Checklist

DATE

INSPECTED BY

MAKE

MODEL

S/N#

HOUR

VOLTAGE

LITHIUM BATTERY: YES/NO

WATERING KIT: YES/NO

MARK BOX If NO PROBLEMS Visible. KEEP UNMARKED and WRITE IN Comment if PROBLEMS ARE PRESENT.

### VISUAL INSPECTIONS

Write Comments

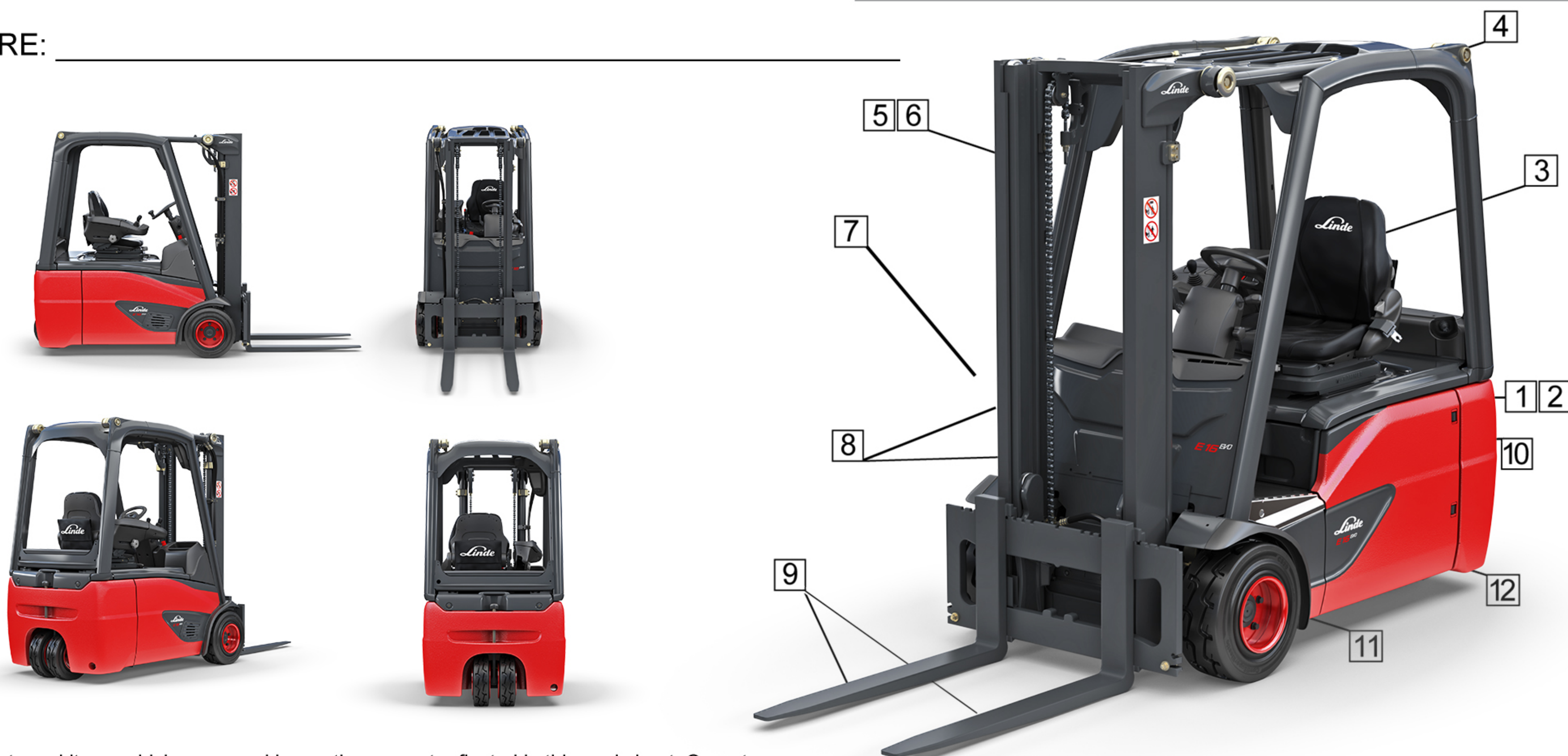
|    |  |
|----|--|
| 1  | <input type="checkbox"/> Battery                 |
|    | <input type="checkbox"/> Vent Caps               |
|    | <input type="checkbox"/> Water Level             |
| 2  | <input type="checkbox"/> Battery Connectors      |
| 3  | <input type="checkbox"/> Seat & Seat Belt        |
| 4  | <input type="checkbox"/> Overhead Guard          |
| 5  | <input type="checkbox"/> Mast                    |
| 6  | <input type="checkbox"/> Lift Cylinders          |
|    | <input type="checkbox"/> Lift Chains             |
| 7  | <input type="checkbox"/> Carriage                |
| 8  | <input type="checkbox"/> Tilt Cylinders          |
| 9  | <input type="checkbox"/> Forks                   |
|    | <input type="checkbox"/> Fork Locking Pins       |
|    | <input type="checkbox"/> (Attachment Applicable) |
| 10 | <input type="checkbox"/> Hydraulic Oil           |
| 11 | <input type="checkbox"/> Front Tires             |
| 12 | <input type="checkbox"/> Rear Tires              |

### OPERATIONAL INSPECTIONS

Write Comments

|   |   |
|---|---|
| A | <input type="checkbox"/> Listen for Unusual Noise         |
| B | <input type="checkbox"/> Check Service & Parking Brake    |
| C | <input type="checkbox"/> Lifting Control                  |
| D | <input type="checkbox"/> Tilt Control                     |
| E | <input type="checkbox"/> Forward Driving                  |
|   | <input type="checkbox"/> Accelerator                      |
|   | <input type="checkbox"/> Steering                         |
|   | <input type="checkbox"/> Braking                          |
| F | <input type="checkbox"/> Reverse Driving                  |
|   | <input type="checkbox"/> Accelerator                      |
|   | <input type="checkbox"/> Steering                         |
|   | <input type="checkbox"/> Braking                          |
|   | <input type="checkbox"/> Backup Alarm                     |
| G | <input type="checkbox"/> Lights                           |
| H | <input type="checkbox"/> Horn                             |
| I | <input type="checkbox"/> Gauges                           |
| J | <input type="checkbox"/> Oil Spots on Floor               |
| K | <input type="checkbox"/> Linde Connect Configured: YES/NO |
|   | <input type="checkbox"/> Linde Connect Activated: YES/NO  |

SIGNATURE: \_\_\_\_\_



**WARNING:** All parts and items which may need inspecting are not reflected in this worksheet. Operators are responsible for guaranteeing that the equipment is in proper working condition and in conformance with specifications. If any problems are found - DO NOT operate the equipment and immediately notify supervisor or manager.